

ten years. Since the opening of his hospital for the insane 166 cases of acute mania and 312 cases of melancholia have been admitted. It will be noticed that the number of cases of acute and persistent mania combined scarcely equals those of melancholia. During the past biennial period fifty-one cases of acute mania have been admitted and 133 cases of melancholia.

MORAL INSANITY AS A DEFENCE FOR CRIME.—The Supreme Court of Pennsylvania (*American Law Register*, March, 1885), not only affirms the existence of moral insanity, but admits that it may, under certain circumstances, constitute a defence for crime. It says: "Moral insanity is not sufficient to constitute a defence, unless it be shown that the propensities in question exist to such an extent as to subjugate the intellect, control the will, and render it impossible to do otherwise than to yield thereto. No mere moral obliquity of perception will protect a person from punishment for his deliberate act. The jury should be satisfied with reference to the act in question that his own reason, conscience, and judgment were so entirely perverted as to render the commission thereof a duty of overwhelming importance. While a slight departure from a well-balanced mind may be pronounced insanity in medical science, yet such a rule cannot be recognized in the administration of law when a person is on trial for the commission of a high crime. The just and necessary protection of society requires the recognition of a rule which demands a greater degree of insanity to exempt from punishment." This decision rests the issue of responsibility not upon *knowledge* but upon power.

RACE AND INSANITY.—Dr. H. M. Hurd (Report of Pontiac, Mich., Hospital for the Insane, 1883-4) says: The Teutonic races, as a rule, suffer from secondary forms of mental disease, and are liable to be victims of quiet dementia, or to entertain systematized delusions. Epilepsy and parietic dementia are not common among them. The Celtic races, on the other hand, suffer from acute mental troubles, and the terminations of their attacks are largely in noisy, chronic mania or irritable dementia. There is about an equal tendency with the Germans to degenerative forms of disease like parietic dementia, paralytic dementia, or epilepsy. English-born patients are more liable to attacks of acute forms of disease, like mania or melancholia, and to active types of degenerative disease, like parietic dementia or epilepsy. They possess more constitutional vigor and more frequently recover from mania or melancholia than the German or Irish. If the termination is in dementia there is an increased probability that the dementia will present monomaniacal features, and that mental vigor will not be wholly lost. Native-born patients from native-born parents are more liable to melancholia or mania, and the latter form of disease is liable to take the form of mania persistent. In relative curability

native-born patients are first, English-born (including Scotch and Canadian) next, Germans next, and Irish last. Of the native-born the colored or mixed African and white races are almost without exception incurable, and generally develop epilepsy or some other degenerative type of disease. The mixed Indian and French (half-breed) are more curable than the mulatto, because possessing more native vigor of constitution and better suited to our climate. Out of 72 cases of parietic dementia, 33, or nearly 46 per cent., were of American birth from presumably American parentage; 20, or nearly 28 per cent., were of English birth (including Canada); 3 were of English descent but born in the United States; 5 were Irish; 5 of Irish descent; 5 were Germans; and 1 a Norwegian. On hallucinatory psychoses it is found that race and nativity have some bearing. On careful analysis of all hallucinatory cases it is found that these have been recorded in a little more than 28 per cent. In natives, however, they have been detected in 23 $\frac{3}{4}$ per cent.; in Germans in nearly 25 per cent.; in English (including Canadians and Scotch) in about 27 per cent.; and in Irish in 39 per cent. The proportion of hallucinated patients among the English is doubtless relatively increased by classing with them patients of Canadian birth, many of whom are doubtless of French or Irish descent. These results vary much from those of Spitzka (*Journal of Nervous and Mental Disease*, 1880), but are not as ethnologically thorough.

INCREASE OF INSANITY IN THE UNITED STATES.—Dr. Foster Pratt, Kalamazoo, Michigan, (*Detroit Lancet*, Dec., 1884,) says that the proportion of insane to native white population, in the Northern States, is 1 in 597; in the Southern States, 1 in 660; and in the District of Columbia and Territories, 1 in 748. That among the foreign white the proportion in the Northern States is 1 in 248; in the Southern States, 1 in 283; in the District of Columbia and Territories, 1 in 236. That among the colored races the proportion in the Northern States is 1 in 545; in the District and Territories, 1 in 680; in the Southern States, 1 in 1,235. That the average proportion of insanity among native whites in the entire United States is 1 in 618; among foreign whites, 1 in 250, and among the colored races, 1 in 1,097; and that the total average for the entire country of all population is 1 in 545 $\frac{10}{100}$. It is a significant fact that the Northern States, including the District and the Territories, containing about 60 per cent. of the entire population, have 70 per cent. of its insane; and that this 10 per cent. of proportional excess is more than supplied by the excess of foreign insane over the number that would result if the ratio of native insane to native population in the North were made the ratio in the foreign population. To illustrate: The average ratio of insane to all native population (white and colored) in the Northern States is 1 to 642. If this proportion be applied to the 5,763,894 foreign born living in the North, the number of